| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | c l . . | | |
| O.I.P.E. CLASSIFIER | | | |
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## INDEX OF CLAIMS

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| ✔ | ............................ Rejected | | N | ............................ | Non-elected |
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| Claim Final | Original | Date | | | | | | | | | Claim Final | Original | Date | | | | | | | | | Claim Final | Original | Date | | | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)